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Ophthalmic Literature

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AMERICAN MEDICAL ASSOCIATION SECTION ON OPHTHALMOLOGY.

The American Medical Association was organized in 1847, primarily to deal with questions of medical education and professional relations, but from the beginning a few scientific papers and addresses were read before it, and it early organized five sections for scientific work. Papers and discussions relating to ophthalmology found their place in the meetings of the Section on Surgery. In this section E. Williams of Cincinnati, in 1865, presented a paper dealing with stricture of the nasal duct, paracentesis of the cornea and "citrine" ointment.

In 1867 J. S. Hildreth of Chicago read a paper upon belladonna in diseases of the cornea. He was appointed chairman of a Committee on Ophthalmology; and the next year, with the assistance of H. D. Noyes of New York, prepared and submitted a report dealing chiefly with the recent development of ophthalmology and the means available for those who desired to become acquainted with this branch of medical and surgical science. In 1872 H. Knapp read his first paper before the American Medical Association, on "Recent Advances in Operation for Cataract." But after that year no paper dealing with an ophthalmic subject appears in the proceedings of the Surgical Section.

In the meeting of the association held in Chicago in 1877 an amendment to the By-Laws was proposed by Dr. X. C. Scott of Cleveland, to "Add to the five existing sections a section for ophthalmology, otology and laryngology, which shall be known as Section Six." This was unanimously adopted, June 7, 1878. Later one of the other sections was discontinued, and this became Section Five in point of seniority. For the new section Herman Knapp of New York was appointed chairman and Dr. X. C. Scott of Cleveland, secretary.

When on May 6, 1879, the section first met in Atlanta, the secretary was absent, and the section chose A. W. Calhoun of Atlanta as secretary pro tem. Then, in the fresh energy of its new existence it proceeded to choose officers quite unknown to the organic law of the American Medical Association, as "honorary president," E. Williams of Cincinnati, and "vice president," Bolling A. Pope of New Orleans.

At this first meeting E. Williams read a paper on "Ivory Exostosis of the Orbit"; A. V. Voorhees of Tennessee read one on "Temporary Blindness From Large Doses of Quinine." Dr. Pope offered some remarks on enucleation of the eye, and the substituting for it of abscission of the anterior segment of the eye. Dr. Calhoun reported a series of 185 cataract operations. Dr. Knapp also read a paper on

"Cataract Operations." Dr. Dudley S. Reynolds of Louisville described an operation for the radical cure of cystoid cicatrix. Eugene Smith of Detroit read a paper on xerophtalmia and its cure by operation. Dr. Knapp presented specimens, both macroscopic and microscopic, of tuberculosis in the eye of a child, and of plastic iritis and foreign body in the eyeball.

In the early years of the American Medical Association the officers of the section were not chosen by the section itself, but by a general nominating committee, composed of one member from each state, who named all the officers of the association. So it happened that a man sometimes came to preside over a section, not because of any service he had rendered it, but because of his relations to some group of medical politicians. Throughout its whole history the Section on Ophthalmology was especially fortunate in that it did not suffer seriously from any such infliction. But the lack of autonomy prevented a certain desirable continuity in the life of the section, and the interest and value of its meeting varied greatly from year to year.

At the Atlanta meeting Bolling A. Pope was chosen chairman of the section, and Eugene Smith as secretary. In 1880, when the meeting was held in New York, Dr. Pope was absent, and Dr. Laurence Turnbull of Philadelphia was chosen chairman pro tem. He was the only chairman of the section who was not an ophthalmologist. This meeting seems to have been an active and successful one. Dr. E. Gruening of New York showed a permanent magnet for extracting foreign bodies from the eyeball, and Dr. T. R. Pooley of New York read a paper on the detection of iron or steel in the eye by use of the magnetic needle. The others contributing ophthalmic papers or specimens to the program were Drs. Knapp, Charles J. Kipp of Newark, N. J.; Eugene Smith, B. Joy Jeffries of Boston, David Hunt of Cleveland, S. D. Risley of Philadelphia and E. S. Peck of New York. In 1881, at Richmond, there were but two papers on the program. In 1882, at St. Paul, there were five. Since then the meetings of this section have always been successful in presenting a good deal of interest to ophthalmologists, and have been among the best attended of the section meetings of the association. Only two sections, those of general medicine and surgery show greater numbers.

In 1884 Carl Seiler of Philadelphia, who the year before had been secretary of the section, offered an amendment to the By-Laws creating a new section on laryngology and otology. At the Chicago meeting this change was asked for by the Section on Ophthalmology, and adopted May 11, 1888. This development was somewhat parallel to what had occurred twenty years before in the organization of the American Otological Society by members of the American Ophthalmological Society. The two sections have always had many members who were interested in both, and their meetings have commonly been arranged to be held in close proximity, so that members could quickly pass from one to the other.

In 1891 certain important changes in the organic life of the section were made, on the recommendation of its chairman, Leartus

Connor of Detroit. The section had already (1888) gotten the right to choose its own officers. It now created an executive committee, to be composed of its last three preceding chairmen, making with the officers a permanent body to look after the interests of the section throughout the year. This plan was quickly copied by other sections, and a few years later recognized in the By-Laws of the association, which united these executive committees of the sections into a Business Committee for the whole association, a body which exerted an important influence in bringing about a movement for reorganization of the A. M. A. on a better basis.

The first duty laid upon this Executive Committee was to arrange for the publication of the Transactions of the Section in a separate volume. In the earlier years the papers relating to ophthalmology were included in the volume of the transactions published by the association. Many writers felt that in such a volume their papers were "buried," although a search for the papers published elsewhere now gives the impression that papers not so "buried" were cremated and their ashes strewn to the winds. In 1883 the association established its weekly journal in which the papers relating to ophthalmology gained a wide circulation. In 1891 these papers were collected and reprinted from the journal in a separate volume, and this has been continued ever since, these volumes furnishing an excellent history of the section for the last twenty-four years.

Another suggestion, adopted in 1891, was the giving of one evening to a dinner, or other form of entertainment that would bring together for social intercourse the members of the section, and by the bond of personal acquaintance and fellowship strengthen the organization. This, too, was quickly followed by other sections, and one evening of the annual meeting set apart for this purpose. It has done much to develop, in the separate groups and in the association as a whole, the esprit du corps which is essential to the life of a great profession. The reorganization of the American Medical Association in 1901 gave permanence and security to the life of the sections and led to a wider membership, but produced little other change in the Section on Ophthalmology.

The most important event to be noticed since that date was brought about in 1906 by the persistent energy and industry of the then secretary, Albert E. Bulson, Jr., of Fort Wayne, with the cooperation of the trustees and editor of the Journal. That year all papers to be read before the society were printed and distributed before the meeting, allowing members to previously read them and prepare for their discussion. At the meeting each paper was briefly presented by its author, who called attention to the most important points, and in this way more time was secured for discussion. The plan has been continued ever since, and has added much to the value and interest of the discussions the vital part of the proceedings, the only part for which meeting together is essential. This plan has been attempted and partly carried out by other societies, but so far as we know this

is the only medical organization that has completely accomplished it and continued it for such a period.

In 1902 the chairman, Frank Allport, of Chicago invited Dr. O. Haab of Zurich to attend the meeting at Saratoga as the guest of the section. The opportunity to meet such an eminent ophthalmologist was highly appreciated by the members, and when not prevented by the detention of the invited guest, the custom has continued to be observed. In this way the section has had the benefit of addresses by A. Maitland Ramsay of Glasgow, 1904; Julius Hirschberg of Berlin, 1905; Carl Hess, then of Wurzburg, now of Munich, 1907; R. A. Reeve of Toronto, 1907; E. Treacher Collins of London, 1908; Alfred Saenger of Hamburg, 1910; W. Gordon M. Byers of Montreal, 1914.

In 1912, carrying out the suggestion of the chairman, Dr. Bulson, in 1911, the Knapp Testimonial Fund of the section was established, to offer a medal for unusually meritorious work reported to the section and to assist financially in the undertakings of value to the section and in the interests of ophthalmic science. This medal was first awarded in 1914 to Dr. Clifford Walker for his paper presented to the meeting the previous year.

The Section of Ophthalmology furnishes an example of the dominant power of common purposes and ideals in securing cooperation among those who hold them. The section has a minimum of written laws, and collects no dues. Even the subscription of one dollar for the annual volume is quite voluntary. Any member of a county medical society can become a member of the section by writing his name on an appropriate blank. With thousands of miles separating the successive meeting places, the majority of its personnel in attendance changes from year to year. But in spite of all this it would be hard to name an organization containing a better executive nucleus, or one carrying forward its work more smoothly and efficiently, or which is more broadly representative of all that could be expected to feel an interest in it.

BOOK NOTICES.

Hirschberg, J. Berlin. Geschichte der Augenheilkunde. Englands Augenaertze. 1800-1850. 8vo. 500 pp. 25 plates and 5 figures in text. Leipsic and Berlin: W. Englemann.

This constitutes Section 10, Book 3, of Hirschberg's history, dealing with ophthalmology in modern times, and Part 4 of Volume 14 of the "Graefe-Saemisch-Hess Handbuch of Ophthalmology," second revised edition. This enormous account of the whole of ophthalmology is at best a vast collection of monographs. From the very nature of their subjects and the rapid progress of knowledge in our time, some of these monographs must be quite out of date long before the work as a whole can be completed. But others of them will continue to be of interest and importance for all time, and among these is the history of ophthalmology by Hirschberg, which is now nearing completion.

This section of the history is inscribed in memory of Edward Nettleship. It was finished in April, 1914, but the last pages were not printed until the 28th of August, four weeks after the outbreak of hostilities between Germany and England. In a note added to the last page the author states: "This book have I written in the deepest

peace," and adds: "I will as German scholar add no bitter word."

This book purports to deal with work of English ophthalmologists in the first half of the nineteenth century. But the bibliography of Nettleship's works is brought down to the close of 1912, within a year of his death; and there is a full account of the life and work of R. Marcus Gunn, who was born in 1850 and died in 1909.

It begins with a general review of eye hospitals, text-books, national beginnings, foreign literature, British opinions, etc. Then discusses the university medical schools, teaching and examinations. After this introduction, descriptions of the lives and the work of the British ophthalmologist are grouped according to the centers, in which the principal part of their work was done. Beginning in London, he passes afterwards to the provinces, and last to the Scottish and Irish centers. This portion of the work ends with the account of Sir Henry R. Swanzy.

It is followed by a list of ophthalmic hospitals throughout the United Kingdom, arranged alphabetically according to the places at which they are located. Of such as have not been described in the body of the work, details are given as to the foundation, principal events, work that has been done in them and the members of the staff, many of these lists being complete from the beginning to the present incumbents. This is supplemented by a few pages giving a summary of the principal ophthalmic institutions in the British colonies and the work that has been done in them.

It is not possible to give here an adequate account of these 500 pages, crowded with interesting detail of the lives of these predecessors and masters in ophthalmology. The careful appreciative reading of such a work would go far toward making good defects of early education. It sets forth a phase of history in which the ophthalmologist is most interested, and therefore, to him, a study of the greatest advantage. But it is a phase that implies and directs one's interest to ever-broadening fields of study.

Axenfeld, T. Freiburg. **Die Aetiology des Trachoms.** 8vo. 192 pages. 6 col. plates. Jena: G. Fischer.

This monograph was prepared to open a discussion at the Twelfth International Ophthalmological Congress. Because of the war, the Congress has not been held, but this good piece of work done in preparation for it constitutes an important addition to the literature of trachoma. The subject is fully and systematically discussed. Beginning with the clinical definition of trachoma, its contagiousness, supposed immunity, transference to lower animals and the filterability of the virus are fully considered.

As might be expected, Axenfeld discusses at length the "trachoma corpuscles" or "inclusion bodies," and the beautiful lithographic plates show their appearances as brought out by Giemsa, Lindner and Unna-Pappenheim stains. He does not consider it proved that these are the essential cause of trachoma, but that their microscopic behavior, transmissibility and presence only in certain inflammations, indicate their parasitic character.

He thinks it better proven that they are a cause of blennorrhea in children, and that their further study is the most promising undertaking of the trachoma investigation. To their discovery we owe great expansion of our knowledge, and hope of further progress. But the practical measures for combatting trachoma remain as before.

Axenfeld, T. Freiburg. **Lehrbuch der Augenheilkunde.** Fourth edition. 8vo. 816 pages, 15 col. pl., 584 ill. Jena: G. Fischer. Paper, 15 M. 50 pf. Cloth, 17 M.

We have before (Vol. 3, p. 19) expressed the regret that this work had not been translated into English. Repeated efforts to find a

publisher willing to bring out an English edition have failed, and it seems likely that the student who wishes to become acquainted with what is in many respects the most valuable text-book of ophthalmology now extant, will have to read it in German.

The work represents the joint labors of Axenfeld, Bach, Bielschowsky, Elschnig, Greeff, Heine, Hertel, v. Hippel, Krückmann, Oeller, Peters and Stock, each writing of a branch of the subject in which he is especially interested. The fourth edition represents a complete revision and resetting of the work, giving an increase of forty pages and 130 additional illustrations. Of the illustrations in the text, eighty-three are in colors, and all are so well executed that even an ophthalmologist who has no knowledge of German will find the figures and plates so instructive as to make the book a most valuable addition to his library.

Correction.—In our notice last month of the Fifth Volume of the **American Encyclopedia of Ophthalmology** we referred to the section on Development of the Human Eye, by Dr. H. S. Gradle, as one of twenty-eight pages. This is an error; the section occupies fifty-eight pages. This mistake was more to be regretted, since it did injustice to what we believe to be the most complete, up-to-date account of the subject to be found in the English language. It is one of those sections, which if printed separately as a monograph would be highly valued in any library of ophthalmic subjects. But it takes added value from being placed in its proper relation to this most valuable of reference libraries.

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Arcadipane, A. How to Indicate Errors of Refraction. (Archivio di Ottalmologia, 21st year, p. 293.)

Dividing the circle into four quadrants, separated by two diameters placed at right angles with one another and at 45 degrees with the vertical and horizontal meridians, the degrees of the astigmatic axis would be indicated as from 0 to 90, beginning for the upper quadrant of each eye at the nasal side, for the lower quadrants at the temporal sides, for the temporal quadrants above and for the nasal quadrants below. Then to indicate the refraction of any given eye, the author would state the axis of either plus or minus cylinder (which by his method would be alike), followed by the strength of the correction required in the axis falling within the upper quadrant, and in that falling within the lateral quadrant, arranging them in the form of a fraction. For example, $45° \frac{\text{plus 4 D.}}{\text{minus 1 D.}}$ would state the correction for an eye that in the vertical axis required a lens of plus 4 D., and in the horizontal axis one of minus 1 D. strength.

Carruccio, A. Reconstruction of an Eyelid by the Cirincione Method. (La Clinica Oculistica, 14th year, p. 1604.)

As regards the extensive use of the skin of the ear, together with cartilage for replacement of the tarsus, the traumatism produced by the growth of hair in contact with the cornea is a serious objection. The method described by Cirincione in the Clinica Oculistica for 1901 satisfies all the requirements of such a case, using for the new conjunctival surface the normal conjunctiva, and for the skin layer a pedunculated cutaneous flap. Yet, says Carruccio, the fairly recent "Encyclopédie Française d'Ophtalmologie" does not mention any process which may be used to reconstruct a lid which has been entirely lost.

Carruccio describes the method as applied to the case of a woman of 71 years, the whole of whose lower lid was removed on account of extensive epithelioma. The residual conjunctiva of the lower fornix was loosened so as to form a narrow flap about 0.5 cm. wide. By an intramarginal incision the upper lid was divided in its whole length into two layers, a musculo-cutaneous and a tarso-conjunctival. After passing the adherent upper margin of the tarsus, the outer layer was drawn up by an assistant, while the inner layer was drawn down and the separation of the conjunctiva extended as far as the upper fornix. The tarso-conjunctival layer thus dissected was easily stretched downward so as to reach the narrow flap formed from the conjunctiva of the lower fornix, to which it was sutured with catgut.

In this particular instance the inability of the patient to endure a more lengthy operation at one sitting caused postponement of the remaining steps until two days later. On this second occasion the external surface of the conjunctival layer was freshened by curetment, and a pedunculated flap from the temple was utilized to form the outer layer of the new lower lid, interrupted sutures being inserted along the skin margin at the inner and lower sides of the dehiscence and along the free border of the musculo-cutaneous layer of the upper lid, avoiding the eyelashes.

At the end of twenty-four days the lids were found distended with lacrimal fluid, which was evacuated through a small incision at the inner canthus. At the end of a month from the original operation the palpebral aperture was re-established by the surgeon, the conjunctival and skin margins of the new lower lid being approximated with a few sutures to hasten their union. It was necessary at the same time to remove an exuberant cutaneous fold corresponding to the peduncle of the skin flap. In time the new lid assumed a normal position, applying itself accurately to the eyeball. Equally good results were obtained in cases operated upon with the same technique by Professors Cirincione and Calderaro.

Casolino, L. Anatomic-pathologic Contribution as to Epibulbar Epithelioma. (Archivio di Ottalmologia, 21st year, p. 540.)

Two cases are described. In the first a very large tumor completely concealed the eyeball and protruded between the lids. It was adherent over the whole cornea and over a great part of the sclera, reaching on the outer side to within 4 mm., and on the inner side to within 20 mm., from the entrance of the optic nerve. Microscopic examination showed most of Bowman's membrane to have disappeared, although the substantia propria was not involved in the neoplastic proliferation. Only the most superficial layers of the sclera were infiltrated with tumor elements. The author regards the substantia propria and especially Descemet's membrane as the chief protective structures of the cornea. In both tumors plasma cells were found in abundance.

Greco, M. Orbital Osteoma and Angioma of Lid. (Archivio di Ottalmologia, 21st year, p. 606.)

According to the patient, a man of 45 years, the condition had been present since he was 6 years old, having appeared after attacks of vomiting. The region of the right lower lid and lacrimal sac presented a swelling of the size of half a mandarin orange, more prominent at the nasal end. Its upper border was distant 0.5 cm. from the free margin of the lid. The mass was composed of two distinct parts. The rounded nasal portion was bone hard, and of the size of a filbert. The outer portion, two-thirds of the whole mass, was completely independent of, but closely applied to the outer aspect of the bony growth, and had a soft but not fluctuating consistency. Beneath the soft mass the lower orbital margin was perfectly regular throughout. On account of a discoloration of the skin and of the presence of venous arborization along the skin of the lower lid, the author diagnosed the simultaneous presence of an angio-lipoma and an osteoma.

Lystad, H. Optochin in Pneumococcus Infections, Especially Serpent Ulcer. (Norsk Magazin for Laegevidenskaben, 75th year, p. 1474.)

This new quinine derivative (known scientifically as ethylhydrocuprein) has a specific or directly toxic action on pneumococci of the most varied strains, although scarcely or not at all upon a number of other bacteria with which experiments have been made. It is commonly used in one or at most 2 per cent watery solution of the hydrochloride, being instilled freely every one or two hours. The solution must be fresh (not older than three weeks), and must be kept in a brown glass container. The first instillation hurts slightly, the later ones usually not at all, since optochin produces a prolonged anesthesia or hypesthesia of inconstant character. Two per cent optochin oil seems to be inactive, but the 1 to 2 per cent salve of the basic drug is perhaps as efficient as the watery solution.

In most cases of ulcus serpens corneae the use of optochin causes a prompt arrest of the advance of the disease, and exceptionally rapid cleaning of the ulcer as well as a less dense opacity than usual. In dacryocystitis it is not possible to get rid entirely of the pneumococcus, but the use of the new drug seems to produce a marked diminution in virulence, resulting in a marked lessening of the suppurative element in the discharge. In pneumococcus bearers, who carry the pneumococcus in a normal or chronically slightly inflamed conjunctiva, the pneumococci can be disposed of in twelve to twenty-four hours with a 1 per cent solution used every two hours—a fact which is likely to prove important in preparing for eye operations, or in the presence of erosions and foreign bodies.

Maucione, L. Rare Subconjunctival Epibulbar Tumor (Pure Myxoma). (Archivio di Ottalmologia, 21st year, p. 300.)

The patient, a man of 56 years, had noticed for about six years a small growth at the external canthus, which during the past six months had increased in size, and now protruded somewhat between the lids. The growth, which measured 10 mm. in the horizontal diameter, 8 in the vertical and 6 in depth, was almost spheroidal, of a rose color, smooth in surface, fairly soft and freely movable on the sclera beneath the conjunctiva, to which it was also only loosely attached. It was removed, and proved on histological examination to be almost entirely composed of myxomatous tissue, lying between scattered connective tissue fibers, with a few nuclei.

Pasetti, G. Essential Paralysis of Convergence. (Annali di Ottalmologia, 42nd year, p. 912.)

In each of the two cases reported there was isolated paralysis of the movements of convergence. In the first patient, a man of 27 years, there were left hypoacusis and slight insufficiency of the left facial and of the left upper limb. There was also slight enophthalmus, probably due to trophic disturbances and disturbance of the sympathetic, through the innervation of the muscle fibers which are located on the ligamentous expansion of the capsule of Tenon. The last-named disturbances were certainly due to a peripheral lesion. The first were explained by the visiting physician as due to hysterotraumatic lesions, rather than upon an anatomic basis.

In the second patient, a woman of 36 years, there was no other symptom. In the man the paralysis of convergence remained stationary, while in the woman there was partial recovery. Each case is explained as due to a lesion of the cortex or of the association paths. The man had had a rather violent trauma in the frontal region, but the woman's history was absolutely negative. It is evident that there are in man centers which preside solely over convergence; these centers being situated outside the nuclei of origin of the motor nerves, and the center of association for the pupillary movements.

Piccaluga, S. F. Corneal Papilloma. (Archivio di Ottalmologia, 21st year, p. 462.)

The patient, a man of 63 years, came in 1905, on account of a small papillary angioma of the bulbar conjunctiva near the inner side of the limbus. This was removed. In 1911 the eye was enucleated on account of a tumor which had developed at the site of the growth previously removed. This was diagnosed clinically as papillary epithelioma, but histologically proved to be a papilloma. Three months later the orbit was occupied by a large epithelioma, and although the orbit was exenterated the patient died in January of the following year from extension to the cranial cavity.

During the enucleation in 1911 a small independent growth was found behind the caruncle, and the author believes the epithelioma and papilloma to have developed independently of one another.

Porcelli-Titone, F. A New Optotype Table for Diagnosis and Correction of Astigmatism. (Archivio di Ottalmologia, 21st year, p. 522.)

On a white disc, revolving upon a card 70 cm. square, are drawn a series of groups of parallel short black lines, varying in thickness and interspaces so as to subtend at five meters visual angles varying from 11′ to 1′. The length of the lines is four times their width, and the width of each interspace is equal to that of the corresponding line. Each group of lines carries three indications: Above, the maximum distance at which the normal eye (V. equal 1.) distinguishes the single lines. To the right, the visual angle which the width of each line or interspace forms at five meters. To the left, the degree of visual acuity necessary to distinguish the single line at a distance of five meters. In one corner of the square card is a table giving the values in visual acuity furnished by the card when used at distances of 2.50, 5, 7.50 and 10 meters.

The various groups are not made up of the same number of lines, but this number varies from three to five, since the examination depends upon the counting by the patient of the number of lines in the individual group. A scale on the underlying card and pointers on the disc indicate the axis of astigmatism. The author uses the card to determine both the amount and axis of the astigmatism present;

upon somewhat the same principle as that employed in using the stenopaic slit.

Prevedi, G. Granulomatous Tarsitis With Diffuse Degeneration in a New-born Child. (Archivio di Ottalmologia, 21st year, p. 482.)

At autopsy on a child 20 days old a swelling of the size of a grain of wheat was found near the middle of the right lower lid. Microscopically it had the appearance of an inflammatory focus of infiltration. After excluding chalazion and gumma, the author concludes that the infiltration was tuberculous in character, this diagnosis being supported by the presence of giant cells of a focus of softening, and of caseous degeneration. No tubercle bacilli could be discovered.

Tristaino, B. New Observations as to the Diffusion of Trachoma in Palermo. (Archivio di Ottalmologia, 21st year, p. 530.)

The statistical tables offered show from year to year a marked reduction of the percentage which the trachoma cases represent in relation to the total number of patients visiting the clinic. The number of daily treatments gradually increased, while on the whole the number of new trachoma patients slightly diminished. Two factors are said to be responsible for the increasing use of the public clinic: First, the wave of emigration to America; and second, the requirements for medical examination before entering the public service, and in many instances also for private employment.

Ruata, V. New Iodin Preparation (Iodosan) and Its Application in Ocular Therapy. (Archivio di Ottalmologia, 21st year, p. 225.)

Iodosan is described as a 3 per cent solution of iodin, not in association with iodid, not precipitable with water as is tincture of iodin, and having the property of developing, when diluted with ordinary water (not distilled water), iodin in the atomic state. From experiments on rabbits the author states that the new preparation has an energetic action on the ocular tissues. The absorptive and penetrating power of a solution of iodosan is greatly superior to that of a common iodin solution containing about the same percentage of iodin, since the solution of iodosan, administered by conjunctival instillation, gives a characteristic reaction for iodin in the aqueous humor much more intense than that obtained with analogous instillations of iodin-iodid solution. From experience in fifty clinical cases the author states that iodosan has a decidedly favorable effect in various corneal affections, whether lymphatic or bacterial in origin. Its power is most marked in the first stage of the disease, and after two or three doses, used for primary sterilization, it should be followed by the usual routine treatment.

Ophthalmic Journals

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